

## Health Plan Disclosures & Notices

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### Children's Health Insurance Program (CHIP) Notice

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov). If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272). If you live in WA, visit <http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx> or call 1-800-562-3022 Ex. 15473.

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### Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days [or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("SCHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify us and enroll in the plan.

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### Women's Health and Cancer Rights Act (WHCRA) Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for all stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply.

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### Newborns' Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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## Initial COBRA Notice

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This general notice must be provided within the first 90 days of coverage. [Plan documents can be found on our website](#). This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage. Be sure to review [An Employee's Guide to Health Benefits under COBRA](#).

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator. You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### *What is COBRA continuation coverage?*

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage. If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your hours of employment are reduced, or your employment ends for any reason other than your gross misconduct. If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events: Your spouse dies; Your spouse's hours of employment are reduced; Your spouse's employment ends for any reason other than his or her gross misconduct; Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events: The parent-employee dies; The parent-employee's hours of employment are reduced; The parent-employee's employment ends for any reason other than his or her gross misconduct; The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both); The parents become divorced or legally separated; or The child stops being eligible for coverage under the Plan as a "dependent child."

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Snohomish County, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

### *When is COBRA continuation coverage available?*

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events: The end of employment or reduction of hours of employment; Death of the employee; Commencement of a proceeding in bankruptcy with respect to the employer; or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both). For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: Snohomish County Human Resources, 425-388-3411 Ex. 0. Submit the [Add/Remove Dependent Form](#) to Human Resources at Mailstop 503.

### *How is COBRA continuation coverage provided?*

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event

during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage. There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

*Disability extension of 18-month period of COBRA continuation coverage:*

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

*Second qualifying event extension of 18-month period of continuation coverage:*

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

*Are there other coverage options besides COBRA Continuation Coverage?*

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to Human Resources. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

*Keep your Plan informed of [address changes](#):* To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

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#### **HIPPA PRIVACY NOTICE**

Snohomish County's Notice of Privacy Practices for Protected Health Information (the "Notice") contains important information about your privacy rights. Snohomish County recognizes that the Notice is lengthy and detailed. You still should read the entire document carefully. This summary highlights some of the important points in the Notice. However, this summary is not a substitute for the Notice.

- The Notice applies to information about your health care and payment for your health care created or received by, or on behalf of, Snohomish County's group health and vision plans and health care reimbursement flexible spending plan. The Notice does not apply to health information in employment records.
- The Notice explains how Snohomish County will use and disclose your health information without written permission.
- The Notice explains how you can exercise certain rights. These rights include the right to access your health information, the right to amend your health information, and the right to receive an accounting of when and why Snohomish County has disclosed your health information to others.
- The Notice explains how you can file a complaint, either with Snohomish County or with the federal government, if you believe Snohomish County has violated the policies and procedures stated in the Notice.
- The Notice provides contact information for the person who can answer your questions or respond to your complaints about Snohomish County's use and disclosure of your health information.

This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully. Snohomish County sponsors and administers a group health and vision plan and health care reimbursement flexible spending plan. This Notice applies to all of these health plans. This Notice refers to Snohomish County's health plans as the "Plans."

## **The Plans' Duties**

1. **Safeguard The Privacy Of Your Protected Health Information ("PHI").** Federal law requires that the Plans safeguard the privacy of your "protected health information" or PHI. "PHI" includes individually identifiable information created, received or maintained by, or on behalf of, the Plans relating to your past, present or future physical or mental health condition, treatment for that condition, or payment for that treatment.
2. **Notify You Of The Plans' Privacy Policies.** Federal law requires that the Plans notify you of their legal duties and privacy policies and procedures with respect to your PHI. This Notice is intended to satisfy that requirement.
3. **Use And Disclose Your PHI Only As Described In This Notice.** The Plans will abide by the terms of this Notice as long as it remains in effect. The Plans will use and disclose your PHI without first obtaining your written authorization only as described in this Notice. If the Plans obtain your written authorization for a use or disclosure not described in this Notice, you may revoke or modify that authorization at any time by submitting the appropriate form to the Privacy Official designated on page 5 below. The Privacy Official will provide you with a copy of the form upon request.

## **How the Plans Will Use and Disclose Your PHI without Your Authorization**

1. **Uses And Disclosures For Treatment.** The Plans may use and disclose your PHI for "treatment." "Treatment" includes the provision, coordination or management of health care and related services by one or more health care providers. For example, the group health plan may assist in coordinating health care and related benefits.
2. **Uses And Disclosures For Payment.** The Plans will use and disclose your PHI for "payment." "Payment" includes, but is not limited to, claims processing, claims payment, payroll deductions, eligibility determinations, and claims disputes. For example, the Plans will use your PHI to determine whether you are entitled to benefits, and, if you are, to determine your benefits.
3. **Disclosures To Business Associates.** The Plans have contracted with one or more third parties (referred to as a business associate) to use and disclose your PHI to perform services for the Plans. The Plans will obtain each business associate's written agreement to safeguard your PHI.
4. **Information-Sharing Among The Plans.** Snohomish County's health plans will share PHI with each other, and with business associates, as permitted by state and federal law, to carry out treatment, payment or health care operations.

## **How the Plans Might Use or Disclose Your PHI without Your Authorization**

Federal law generally permits the Plans to make certain uses or disclosures of PHI without your permission. Federal law also requires the Plans to list in this Notice each of these categories of uses and disclosures. If applicable State law does not permit the disclosure described, the Plans will comply with the stricter State law.

1. **Uses or Disclosures Required By Law.** The Plans may use or disclose your PHI as required by any statute, regulation, court order or other mandate enforceable in a court of law.
2. **Disclosures for Workers' Compensation Purposes.** The Plans may disclose your PHI as required or permitted by state or federal workers' compensation laws.
3. **Disclosures to Family Members Or Close Friends.** The Plans may disclose your PHI to a family member or close friend who is involved in your care or payment for your care if (a) you are present and agree to the disclosure, or (b) you are not present or you are not capable of agreeing, and Snohomish County determines that it is in your best interest to disclose the information.
4. **Disclosures for Judicial and Administrative Proceedings.** The Plans may disclose your PHI in an administrative or judicial proceeding in response to a subpoena or a request to produce documents. The Plans will disclose your PHI in these circumstances only if the requesting party first provides written documentation that the privacy of your PHI will be protected.
5. **Disclosures for Law Enforcement Purposes.** The Plans may disclose your PHI for law enforcement purposes to a law enforcement official, such as in response to a grand jury subpoena.
6. **Incidental Uses and Disclosures.** The Plans may use or disclose your PHI in a manner which is incidental to the uses and disclosures described in this Notice.
7. **Disclosures for Public Health Activities.** The Plans may disclose your PHI to a government agency responsible for preventing or controlling disease, injury, disability, or child abuse or neglect. The Plans may disclose your PHI to a person or entity regulated by the Food and Drug Administration ("FDA") if the disclosure relates to the quality or safety of an FDA-regulated product, such as a medical device.
8. **Disclosures for Health Oversight Activities.** The Plans may disclose your PHI to a government agency responsible for overseeing the health care system or health-related government benefit programs.
9. **Disclosures about Victims Of Abuse, Neglect, Or Domestic Violence.** The Plans may disclose your PHI to the responsible government agency if (a) the Privacy Official reasonably believes that you are a victim of abuse, neglect, or domestic violence, and (b) the Plans are required or permitted by law to make the disclosure. The Plans will promptly inform you that such a disclosure has been made unless the Plans' Privacy Official determines that informing you would not be in your best interests.

10. Uses and Disclosures To Avert A Serious Threat To Health or Safety. The Plans may use or disclose your PHI to reduce a risk of serious and imminent harm to you, to another person or to the public.
11. Disclosures to HHS. The Plans may disclose your PHI to the United States Department of Health and Human Services (“HHS”), the government agency responsible for overseeing the Plans’ compliance with federal privacy law and regulations regulating the privacy of PHI.
12. Uses and Disclosures for Research. The Plans may use or disclose your PHI for research, subject to conditions. “Research” means systemic investigation designed to contribute to generalized knowledge.
13. Disclosures In Connection With Your Death Or Organ Donation. The Plans may disclose your PHI to a coroner for identification purposes, to a funeral director for funeral purposes, or to an organ procurement organization to facilitate transplantation of one of your organs.
14. Uses and Disclosures For Specialized Government Functions. The Plans may disclose your PHI to the appropriate federal officials for intelligence and national security activities authorized by law or to protect the President or other national or foreign leaders. If you are a member of the U.S. Armed Forces or of a foreign armed forces, the Plans may use or disclose your PHI for activities deemed necessary by the appropriate military commander. If you were to become an inmate in a correctional facility, the Plans may disclose your PHI to the correctional facility in certain circumstances.

#### **The Plans’ Disclosures with Your Prior Authorization**

The Plans are required to obtain your written authorization in the following circumstances: (a) to use or disclose psychotherapy notes (except when needed for payment purposes or to defend against litigation filed by you); (b) to use your PHI for marketing purposes; (c) to sell your PHI; and (d) to use or disclose your PHI for any purpose not previously described in this Notice. The Plans also will obtain your authorization before using or disclosing your PHI when required to do so by (a) state law, such as laws restricting the use or disclosure of genetic information or information concerning HIV status; or (b) other federal law, such as federal law protecting the confidentiality of substance abuse records.

#### **Prohibition on the Plans’ Use and Disclosure of Your PHI**

The Plans are prohibited from using or disclosing your PHI that is genetic information for “underwriting purposes.” Underwriting purposes includes determination of eligibility for, or benefits under, any of the Plans; computation of premium or contribution amounts under any of the Plans; application of any pre-existing condition exclusion under any of the Plans; and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

#### **Your Privacy Rights As A Participant In One Or More Of The Plans**

As a participant in the Plans, you may exercise the rights described below. The forms referenced below can be obtained from the Company’s Privacy Official (the “Privacy Official”).

1. Right to Access Your PHI. You may ask to review your PHI on file with the Plans, or to receive copies of it in paper or electronic form, by submitting the appropriate form to the Privacy Official. The Plans will provide access, or will deliver copies to you, within 30 days of your request. The Plans may extend the deadline by up to an additional 30 days. The Plans will provide you with a written explanation of any denial of your request for access or copies. The Plans may charge you a reasonable, cost-based fee for copies or for delivery. If there will be a charge, the Privacy Official will first contact you to determine whether you wish to modify or withdraw your request.
2. Right to Amend Your PHI. You may amend your PHI on file with the Plans by submitting the appropriate request form to the Privacy Official. The Plans will respond to your request within 60 days. The Plans may extend the deadline by up to an additional 30 days. If the Plans deny your request to amend, the Plans will provide a written explanation of the denial. You would then have 30 days to submit a written statement explaining your disagreement with the denial. Your statement of disagreement would be included with any future disclosure of the disputed PHI.
3. Right to An Accounting Of Disclosures Of Your PHI. You may request an accounting of the Plans’ disclosures of your PHI by submitting the appropriate form to the Privacy Official. The Plans will provide the accounting within 60 days of your request. The Plans may extend the deadline by up to an additional 30 days. The accounting will exclude the following disclosures: (a) disclosures for “treatment,” “payment,” or “health care operations”; (b) disclosures to you or pursuant to your authorization; (c) disclosures to family members or close friends involved in your care or in payment for your care; (d) disclosures as part of a data use agreement; and (e) incidental disclosures. The Plans will provide the first accounting during any 12- month period without charge. The Plans may charge a reasonable, cost-based fee for each additional accounting during the same 12- month period. If there will be a charge, the Privacy Official will first contact you to determine whether you wish to modify or withdraw your request.
4. Right to Request Additional Restrictions On The Use Or Disclosure Of Your PHI. You may request that the Plans place restrictions on the use or disclosure of your PHI for “treatment,” “payment,” or for “health care operations” in addition to the restrictions required by federal law by submitting the appropriate request form to the Privacy Official. The Plans will

notify you in writing within 30 days of your request whether the Plans will agree to the requested restriction. The Plans are not required to agree to your request.

5. Right to Request Communications By Alternative Means Or To An Alternative Location. The Plans will honor your reasonable request to receive PHI by alternative means, or at an alternative location, if you submit the appropriate request form to the Privacy Official.
6. Right to Receive Notice of a Breach of Your Unsecured PHI: If the Plans discover a breach of your unsecured PHI, the Plans will notify you of the breach and provide the information required by law.
7. Right to a Paper Copy Of This Notice. You may request at any time that the Privacy Official provide a copy of this Notice.

#### **A Note about Personal Representatives**

All of the rights described above may be exercised by your personal representative after the personal representative has provided proof of his or her authority to act on your behalf. Proof of authority may be established by (a) a power of attorney for health care purposes, or a general power of attorney, notarized by a notary public; (b) a court order appointing the person to act as your conservator or guardian; or (c) any other document which the Privacy Official, in his or her sole and absolute discretion, deems appropriate.

#### **Your Right to File A Complaint**

If you believe that your privacy rights have been violated because any of the Plans has used or disclosed your PHI in a manner inconsistent with this Notice, because any of the Plans has not honored your rights as described in this Notice, or for any other reason, you may file a complaint in one, or both, of the following ways:

1. Internal Complaint: Within 180 days of the date you learned of the conduct, you can submit a complaint using the appropriate complaint form to the Privacy Official, Snohomish County Human Resources, 3000 Rockefeller Avenue, Everett, WA 98201, or call 425-388-3411 x0 and ask for the HIPAA Privacy Official. Obtain a complaint form from the Privacy Official.
2. Complaint to HHS: Within 180 days of the date you learned of the conduct, you may submit a complaint by mail to the Secretary of the U.S. Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Ave., S.W., Washington, D.C. 20201.

#### **The Plans' Anti-Retaliation Policy**

The Plans will not retaliate against you for submitting an internal complaint, a complaint to HHS, or for exercising your other rights as described in this Notice or under applicable law.

#### **Whom to Contact For More Information about the Plans' Privacy Policies and Procedures**

If you have any questions about this Notice, or about how to exercise any of the rights described in this Notice, you should contact the Plans' Privacy Official in DIS by mail: Snohomish County DIS, 3000 Rockefeller Avenue, Everett, WA 98201, or call 425-388-3411 and ask for the HIPAA Privacy Official in DIS.

#### **Revisions to the Privacy Policy and to the Notice**

The Plans have the right to change this Notice or the Plans' privacy policies and procedures at any time. If the change to the Plans' privacy policies and procedures would have a material impact on your rights, the Plans will notify you of the change by mailing (either electronically or by U.S. Postal Service) a revised Notice to you, in accordance with applicable regulations, which reflects the change. Any change to the Plans' privacy policies and procedures, or to the Notice, will apply to your PHI created or received before the revision.

You can find all of these notices on our website at <http://snohomishcountywa.gov/983/Medical>.